2010 ELECTION CYCLE	Delbert Hosemann SECRETARY OF STATE
andigate	020112171111 01 017112
REPORT OF RECEPTS AND DISBURSEMENTS	GERNED
2010 Control Election	(Bana Cill
Name of Candidate CINGY Hyde - Smith	JAN 3 1 2011
Address 400 Cattle Trail Brookhaven Ms.	Secretary of State Capitol Office
Telephone 1001 - 835 - 3322 Fax	DATTE STRAINT
Contact Name Qindy Hyde Snothemail	
Office Sought School Political Party Republic	an
Check here if above is different from previous report	
TYPE OF REPORT	
May 25 2010 Pre-Election Poport / January 4 2040 //	
May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)	Mandatory
June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)	Runoff Candidates
October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)	All Candidates
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)	Runoff Candidates
January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)	All Candidates and Political Committees
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Require obligation	d to terminate reporting
(1) Pre-Election reports are mandatory even if no contil	
shall submit a report Indicating "0" (Zero) for total amount of reported contributions and expenditures	ttree during this period
Ann. § 23-15-807 (b) (ii) and (iii).	ordance with Miss. Code
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the report fails on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 day before the deadline. Faxed reports are acceptable.	ing day. If the deadline p.m. on the first working
REPORTED CONTRIBUTIONS AND DISBURSEMENTS	
Itemized + Non-itemized ≈ This Period	Calendar Year-To-Date
Total amount of contributions \$ +\$ 400 00\$ 580500	\$ 6205 00
Total amount of disbursements \$ 1657 \$ 2, 262 \$ 3919 22	\$ 3919 26
Total amount of cash on hand \$ '66644'65	
Signature of Oandidate Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.	/-//
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).	

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 135, Jackson, MS 39205 or fax to 601-359-1499 or 601-574-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clark.



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ITEMIZED RECEIPTS

A. Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Monsonto Company	6125110	1
800 N. Lindbergh		\$
St. Lows Mo 63167		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 50000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Advance America	8130110	\$ 50000
135 N Church ST		\$
Spartenbura, SC 29306 Name of Employer (Regulred)	_'_'_	\$
Name of Employer (Nedment)		\$
Occupation (Required)	Aggregate year-to-date	\$ 50000
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Centene Wangment Co. Centene.		\$ 500 00
		\$
St. Louis, Mo. 63105		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 50000
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
HITTIA Client Services Inc	9-130110	\$ 500 00
6601 W. Broad St.	_'_'_	\$
1-6 × 0.0001 (1) × 0.1-4.01(6)		\$
ame of Employer (Required)		\$
ccupation (Required)	Aggregate year–to-date	\$ 50000

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Name of Candidate or Committee	Cindu	4	ide-	Smith
Reporting period		throug		

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Valeneca	619110	\$ 400 00
1800 Concord PIKe		\$
Wilminaton De. 19850	'	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 40000
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ms. Dental Asso.	8,17,10	\$ 500 00
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 50000
C. Source: Corporation DPAC Individual Loan Dother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Chevron	9/13/10	\$ 500.00
P.O BOY 1300	'	\$
Pasca opula, MS. 39568		\$
ame of Empleyer (Required)		\$
occupation (Required)	Aggregate year-to-date	\$ 50000
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Walmart	9,29,10	\$ 5000
102 SW 8th St.		\$
Benfonville Ark. 72716		\$
ame of Employer (Required)		\$
ccupation (Required)	Aggregate year-to-date	\$50000

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Name of Candidate or Committee	Page EIPTS	_ of
A. Source: Description Descrip	Date (Mo., Day, Year)	Amount of each receipt this period
FURNAME HODOTT Laboratories	11 123111	\$ 32500
Malling Address 4708 Hilldale Dr.	_'_'_	\$
City, State, Zip Code KNOX Ville, Th 37914		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation C PAC C Individual C Loan	Date	Amount of each

Abbott Laboratories	11 120111	52500
Malling Address Hilldale Dr.		\$
City, State, Zip Code KNOXVIIIE, Th. 37914		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ms. Assoc. For Homecare	11/22/10	\$ 300 00
Mailing Address 134 Fair mont St.		\$
City, State, Zip Code (C) inton Mc 30056		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	12-114110	\$ 1,000 00
Mailing Address 1000 14th St. NW		\$
Washington DC		\$
Name of Employer-(Required)	'	\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Cindy Hyde-Suite	Page	_ of
Reporting period through		
ITEMIZED RECEIP	PTS	1
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Perome and Allison Hoenings		\$ 25000
Mailing Address 2702 Windwood Terrocce		\$
City, State, Zip Code ENON Chaven, MS, 39601	_'_'_	\$
Name of Employer (Required) -	_'_'_	\$
Occupation (Required)	Aggregate year-to-date	\$ 250 00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Malling Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	1	•

Mailing Address

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

\$

\$

\$

\$

Aggregate year–to-date

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lame of Candidate or Committee			E
eporting period	through		

ITEMIZED DISBURSEMENTS

A. Full name Lawrence Co. HS.	Date (Ma Pay Yana)	Amount of each
Mailing Address	(Mo., Day, Year)	
515 TOMAN JULY Dr	81101:10	\$ 32500
City, State, ZIO Code MONTICPHO, MS;	_/_/_	\$
Purpose of Disbursement (Optional) ads + conation	Aggregate Year-to-date	\$ 32500
American Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1115111	\$ 549 00
City, State, Zip Code	_'_'_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 54900
We Frame I+	Date (Mo., Day, Year)	Amount of each disbursement this period
101 Monticello St	418110	\$ 218 10
Brookhaven Ms.	81_110	\$ 245 18
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s 483 28
Law Co. Chanber	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9,54	\$ 30000
Monticellor US	//	\$
Spon Sev Ship	Aggregate Year-to-date	\$ 30000
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$